

CLAIMS ONLY

Application Number

10 058640

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
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13						
14						
15						
16						
17						
18						
19	1					
20		1				
21						
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23						
24		1				
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30						
31		1				
32						
33						
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35						
36		1				
37						
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45						
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47						
48						
49						
50						
Total Indep	1					
Total Depend	12					
Total Claims	13					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						